

## Montana Medicaid - Fee Schedule Non-emergency Transport

### Definitions:

**Modifier** – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination  
For example:  
26 = professional component  
TC = technical component

**Description** – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

**Effective** – This is the first date of service for which the listed fee is applicable.

**Method** – Source of fee determination

**Fee Sched:** Medicaid fee for listed code

**Medicare:** Medicare-prevailing fee for listed code. Laboratory services are paid at 60 or 62% of listed fee.

**By Report (BR):** Equals a percentage of billed charges; percentage depends on provider type and service/supply

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space:** Prior authorization is not required

# **Montana Medicaid - Fee Schedule** **Non-emergency Transport**

Proc	Modifier	Description	Effective	Method	Fee	PA
A0130		UNDER 16 MILES ONE WAY - SPECIALIZED ALL INCLUSIVE	7/1/2000	FEE SCHED	\$10.57	
G0103		PROSTATE CANCER SCREENING; PSA TEST TOTAL	1/1/2000	MEDICARE	\$42.37	
L2039		KAFO FULL PLASTIC SNGL POLY-AXIAL MED LAT ROTATIONCUST	1/1/1997	BY REPORT	\$0.00	
V5299		HEARING SERVICE MISCELLANEOUS	7/1/1999	FEE SCHED	\$20.00	Y
Z0009		WAITING TIME - OVER 16 MILES - 15 MINUTE INTERVALS	7/1/2000	FEE SCHED	\$1.32	
Z0010		UNLOADED MILEAGE-OVER 16 MILES/MUST EXCEED 10% OF LOADED MI.	7/1/1990	FEE SCHED	\$0.33	
Z0011		GROUND TRANSPORTATION OVER 16 MILES - SPECIALIZED PER MILE	7/1/2000	FEE SCHED	\$0.67	
Z8150		PASSPORT CASE MANAGEMENT FEE	11/1/1992	FEE SCHED	\$3.00	